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Thelma E. Hawkins

(Depositor's name)

July 13, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/841.224	04/29/97	019	MOLLER, R	2856 04/20/99
First Named Applicant WEINBERG, 35 USC 154(b) term ext. = 0 Days.				

**TITLE OF INVENTION** TRENCHES TO REDUCE CHARGING EFFECTS AND TO CONTROL OUT-OF-PLANE SENSITIVITIES IN TUNING FORK GYROSCOPES AND OTHER SENSORS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	CSDL1-490XX	073-504.160	S01	UTILITY	NO \$1210.00	07/20/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Weingarten, Schurgin,  
1 Gagnebin & Hayes LLP.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Charles Stark Draper Laboratory, Inc.

(B) RESIDENCE (CITY & STATE OR COUNTRY)

Cambridge, Massachusetts

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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